



FLORIDA WEST COAST CHANGE OF ADDRESS FORM

Member Name: _____ Account # _____

Member Social Security Number: _____

Account numbers that you are requesting an address change for: (Please indicate if you have minor accounts or additional savings or checking accounts with FWCCU)

_____	_____
_____	_____
_____	_____

FORMER ADDRESS : _____

NEW ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

IF THE NEW ADDRESS IS A PO BOX PLEASE PROVIDE A PHYSICAL ADDRESS:

DO YOU HAVE A VISA CREDIT CARD WITH THE CU?	Yes	No
DO YOU HAVE A VISA CHECK CARD WITH THE CU?	Yes	No

MEMBER SIGNATURE _____

Date: _____

**(If member did not sign at the Credit Union their signature must be notarized,
member's signature can only be waived by a manager)**

Sworn to and subscribed before me this ____ day of _____, 200_ by
_____ who are personally known to me or who have
produced _____ as identification.

Notary Public
State of Florida at Large

My Commission Expires: _____
